

SHARE

STATE OF NEW MEXICO

DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

VENDOR #



DATE 11/05/2012

653

Payee

\$ 705.00



Fund / Agency

000 66500

Document Number

AP 00313570

B4R

COD3

B4RCOD3

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsofDate 10/30/2012

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line		Line#	Description				WithHold	Year	Month		
00313570	1	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR-001		2013	10	0000094444 McGrath, B. 10.1	705.00
											Total For Voucher	705.00

FCD Audit Bureau
Bycoiden

RECEIVED
2012 OCT 31 PM 10:36
DFA
FINANCIAL CONTROL

NAME DEPARTMENT OF HEALTH

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 1	DATE 10/15/2012
AGENCY CODE 66500	VOUCHER NUMBER 00313570

NAME Brad McGrath		CAR LICENSE NUMBER 001947SG		POST OF DUTY Roswell	PROPOSED (ADVANCE VOUCHER)	<input type="checkbox"/>
VENDOR NUMBER 00 [REDACTED]		MODEL Nissan	RESIDENCE Roswell	ACTUAL (RECOUPMENT VOUCHER)		<input checked="" type="checkbox"/>
REG. WORK DAY 8:00 AM THRU 5:00 PM		YEAR 2011				

[illegible]

ACTUAL EXPENSES

APPROVED RATES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

X	Employee Signature	Date
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TOTALS

ADVANCE AMOUNTS
80%

ADJUSTED

REIMBURSEMENT

0	0.00	705.00	0.00	705.00
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Brad McGrath (TYPE PAYEE NAME)

I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND

COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT

ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-8-5 (I). NMSA 1978

Signature _____ (DOH-General Accounting Use Only)

Date _____

Signature required on overnight lodging exceeding \$215.00 per night.

PAYEE SIGN HERE:

DATE 10/18/12

OCT 29 '12 PM 2:32

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Business Unit: 66500
Voucher ID: 00313570
Voucher Style: Regular

Invoice Number: McGrath, B. 10.15-10.20.12
Invoice Date: 10/22/2012
Total: 705.00

Vendor: MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
SANTA FE, NM 87502

*Pay Terms: Pay Now | [Schedule Payments](#)

Payment Information

Find | View All First of 1 Last

Scheduled Payment: 1


*Remit to:  Location: 001 *Address: 1 

MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
1190 S ST FRANCIS DR SUITE N-3059
SANTA FE, NM 87502

Gross Amount: 705.00 USD

Discount: 0.00 USD Discount Denied

Late Charge

Scheduled Due: 10/22/2012 

Net Due: 10/22/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: CHK Check

Pay Group:

*Handling: RE

*Netting: N 

Message:

[Messages](#)

Message will appear on remittance advice.

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Business Unit: 66500 Invoice Number: McGrath, B. 10.15-10.20.12
Voucher ID: 00313570 Invoice Date: 10/22/2012
Voucher Style: Regular Total: 705.00

Voucher Processing

☐ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved**Accounting Instructions**

*Accounting Template: STANDARD  Account At: Gross

Match Action

*Status: Ready
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment Postpone Withholding

Letter of Credit

Letter of Credit ID:  

Tax Group

